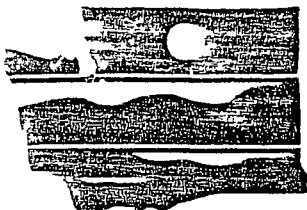


ECY 050-1-20 (8/93) * * f



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

40002

Unique Well Tag No:

AC11905 / 67704L

RECORD VERIFICATION (check one)

☐

Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)

☐

Verification inconclusive

☐

Well Report not available

SPV

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name PINEWOOD COMM CORP, INC

Last Name _____

Street Address _____

City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address 4911 PINEWOOD LN

City _____ County _____

T _____ N R _____ W M Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available

☐

GPS

☐

Topographic Map

☐

Survey

☐

Computer generated

☐

Digital Altimeter

☐

Topographic Map

☐

Other _____

☐

Location marked on topographic map (please attach)

☐

Location marked on air photo (please attach)

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size or casing type or well housing etc.)

1' CASING IN HOUSE (~3) OF WOOD W/SLANTED ROOF

BOARD ON TOP (W/PLASTIC COVER) ADJACENT IS PH OF

CINDER BLOCK (UNPAINTED W/GABLED ROOF PAINTED WHITE/

WHITE DIRT SRC #1 NEAR

Location or Well Identification Tag

CASING

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1 24 000 (1 = 2 000)

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

D	C	B	A
E	F	G	H
I	L	K	J
M	P	Q	R

Comments

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

One Application Permit Certificate Claim Exempt